

Director's Signature: \_\_\_\_\_

Program / Area: Drug Analysis Lab Amherst, Page 1 of 1

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

Supervisors must initial the timesheet at the end of the week to confirm COM or OT hours for their staff.

Week Ending: \_\_\_\_\_

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Farak, Sonja</b>  _____ Employee Signature  _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
<b>Hanchett, James</b>  _____ Employee Signature  _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
<b>Pontes, Rebecca</b>  _____ Employee Signature  _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
<b>Salem, Sharon</b>  _____ Employee Signature  _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							